24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)		PAGE 1 OF 4 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
John Bolton Super PAC		C C00542464
Check if 24-hour report 48-hour report New report	ort Amends report file	ed on M M / D D / Y Y Y Y
Full Name of Payee CONNELL DONATELLI INC		Date of Public Distribution/Dissemination
		10 09 2016
Mailing Address PO BOX 1877		Amount
City State	Zip Code	5876.76
ALEXANDRIA VA	22313	Transaction ID : SE1 Date of Disbursement or Obligation
Purpose of Expenditure MEDIA	Category/ Type	10 06 / 2016
Name of Federal Candidate	Support Off	ice Sought: House District:00
HASSAN, MARGARET, , ,	X Oppose	President State: NH Senate
Calendar Year-To-Date Per Election for Office Sought	655876.76 Dis	bursement For: Primary X General Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
CONNELL DONATELLI INC		10 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address PO BOX 1877		Amount
City State	Zip Code	125000.00
ALEXANDRIA VA	22313	Transaction ID : SE2 Date of Disbursement or Obligation
Purpose of Expenditure MEDIA	Category/ Type	10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Off	fice Sought: House District: 00
HASSAN, MARGARET, , ,	X Oppose	President Senate State: NH
Calendar Year-To-Date Per Election for Office Sought	655876.76 Dis 20	sbursement For: Primary General Other (specify) ☐ Other (specify)
•	'	
(a) SUBTOTAL of Itemized Independent Expenditures	·····	130876.76
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
Hobbs, Cabell, , , [Electroni Signature	cally Filed] Date	10 09 2016
ga.u		

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
John Bolton Super PAC	C C00542464
	U
Check if 24-hour report 48-hour report New report A	mends report filed on
Full Name of Payee CONNELL DONATELLI INC	Date of Public Distribution/Dissemination
CONNELL DONATELLI INC	10 09 / 2016
Mailing Address PO BOX 1877	Amount
City State Zip Code	125000.00
ALEXANDRIA VA 22313	Transaction ID : SE3 Date of Disbursement or Obligation
Purpose of Expenditure MEDIA Category Type	// M M / D D / Y Y Y Y
Name of Federal Candidate	Support Office Sought: House District: 00
AYOTTE, KELLY, , SEN.,	Oppose President Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 655876.7	Disbursement For: Primary General 2016 Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
CONNELL DONATELLI INC	10 09 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address PO BOX 1877	Amount
City State Zip Code	125000.00
ALEXANDRIA VA 22313	Transaction ID : SE4 Date of Disbursement or Obligation
Purpose of Expenditure MEDIA Category Type	
Name of Federal Candidate	Support Office Sought: House District: 00
HECK, JOE, , ,	Oppose President Senate State: NV
Calendar Year-To-Date Per Election for Office Sought 600000.0	Disbursement For: Primary General 2016 Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	250000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	······································
/ N ————	
(c) TOTAL Independent Expenditures	• • • • • • • • • • • • • • • • • • •
Under penalty of perjury I certify that the independent expenditures reported h with, or at the request or suggestion of, any candidate or authorized committee party committee) any political party committee or its agent.	
Hobbs, Cabell, , , [Electronically Filed]	Date 10 09 2016
Signature	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
John Bolton Super PAC		C C00542464
		G states
Check if 24-hour report 48-hour report New report	ort Amends report file	d on M M / D D / Y Y Y Y Y
Full Name of Payee CONNELL DONATELLI INC		Date of Public Distribution/Dissemination
		10 09 / 2016
Mailing Address PO BOX 1877		Amount
City State	Zip Code	125000.00
ALEXANDRIA VA	22313	Transaction ID : SE5 Date of Disbursement or Obligation
Purpose of Expenditure MEDIA	Category/ Type	10 / 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office	ce Sought: House District: 00
MASTO, CATHERINE, CORTEZ, ,	X Oppose	President Senate State: NV
Calendar Year-To-Date Per Election for Office Sought	600000.00 Disk 2016	oursement For: Primary General Other (specify)
Full Name of Payee	•	Date of Public Distribution/Dissemination
CONNELL DONATELLI INC		10 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address PO BOX 1877		Amount
City State	Zip Code	125000.00
ALEXANDRIA VA	22313	Transaction ID : SE6 Date of Disbursement or Obligation
Purpose of Expenditure MEDIA	Category/ Type	10 06 / Y Y Y Y
Name of Federal Candidate	Support Office	ce Sought: House District: 00
BURR, RICHARD, , SEN.,	Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	500000.00 Disl 201	oursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	·····	250000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		•
Hobbs, Cabell, , , [Electron	ically Filed] Date	10 09 2016
Oignature		

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼	
John Bolton Super PAC		
	C C00542464	
Check if 24-hour report		
Full Name of Payee	Date of Public Distribution/Dissemination	
CONNELL DONATELLI INC	10 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address PO BOX 1877	Amount	
City State Zip Code	125000.00	
ALEXANDRIA VA 22313	Transaction ID : SE5_B Date of Disbursement or Obligation	
Purpose of Expenditure MEDIA Category/ Type	10 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate Support Office	e Sought: House District: 00	
ROSS, DEBORAH, K., , Oppose	President Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought Disbut 2016	Other (specify) ▶	
Full Name of Payee	Date of Public Distribution/Dissemination	
	M = M / D = D / Y = Y = Y	
Mailing Address		
	Amount	
City State Zip Code		
	Date of Disbursement or Obligation	
Purpose of Expenditure Category/ Type	M = M / D = D / Y = Y = Y = Y	
Name of Federal Candidate Support Office	e Sought: House District:	
Oppose	President Senate State:	
Calendar Year-To-Date Disbu	ursement For: Primary General	
Per Election for Office Sought	Other (specify)	
(a) SUBTOTAL of Itemized Independent Expenditures	125000.00	
(a) GOD TOTAL OF HOME EXPONENTIAL EXPONENT	125000.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	755876.76	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
	0 09 2016	
Signature		